



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/03/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982725913

FACILITY NAME -> DRAKE BAKERIES

MAILING ADDRESS -> 100 DEMAREST DR
WAYNE, NJ 07470

INSTALLATION ADDRESS -> 100 DEMAREST DR
WAYNE, NJ 07470

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ALBANESE, MATTHEW
ENVIRON ENGR
DRAKE BAKERIES
100 DEMAREST DR
WAYNE, NJ 07470

AUTOMATIC INJECTION MOLDING, INC.

P. O. Box 108
Main Street
Oldwick, New Jersey, 08858
Telephone: (908) 439-2680
Fax: (908) 439-3352

92 JUL -8 AM 10:00

PERMITS ADMINISTRATION
BRANCH

July 7, 1992

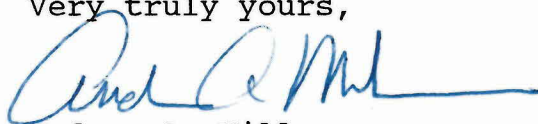
U.S. EPA Region II
Permits Administration Branch
Room 505
26 Federal Plaza
New York, NY 10278

Re: Automatic Injection Molding, Inc.
Notification of Regulated Waste Activity

Dear Sirs:

Per instructions from your Ms. Hanna Maciejko, I am submitting herewith a corrected form with original signature. Further, I was advised that if this form was sent overnight that an EPA Number would be issued in 24-48 hours.

Very truly yours,



Andrew A. Miller
Treasurer

AAM:mlb
Enclosure

JUL - 1-92 WED 16:44

EWMA

(Change) contact

FAX NO. 2016337482

P.02

Read and follow the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

92 JUL -8 AM 10:00

RECEIVED ADMINISTRATION

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ D986625945

II. Name of Installation (Include company and specific site name)

AUTOMATIC INJECTION MOLDING

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

40 INDUSTRIAL ROAD

Street (continued)

City or Town

BERKELEY HEIGHTS

State

ZIP Code

NJ

07922-

County Code

County Name

UNION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 108

City or Town

MAIN STREET OLDWICK

State

ZIP Code

NJ

08858-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MILLER

(first)

ANDREW

Job Title

Phone Number (area code and number)

908-439-2226

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

I&B CONSTRUCTION ASSOCIATES

Street, P.O. Box, or Route Number

2520 POIK STREET

City or Town

State

ZIP Code

UNION

NJ

07083-

Phone Number (area code and number)

201-379-2550

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

Continue on reverse

7/15/92 ID# already exists.

property owners.

ID - For Official Use Only

N5D986625945

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions) ☒ 3. Treater, Storer, Disposer (at installation)
a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.
b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐ 4. Hazardous Waste Fuel
c. Less than 100 kg/mo (220 lbs.) ☐ a. Generator Marketing to Burner
2. Transporter (Indicate Mode in boxes 1-5 below) ☐ b. Other Marketers
a. For own waste only ☐ c. Burner - indicate device(s) -
b. For commercial purposes ☐ Type of Combustion Device
Mode of Transportation ☐ 1. Utility Boiler
1. Air ☐ 2. Industrial Boiler
2. Rail ☐ 3. Industrial Furnace
3. Highway ☐ 5. Underground Injection Control
4. Water ☐
5. Other - specify ☐

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
a. Generator Marketing to Burner ☐
b. Other Marketer ☐
c. Burner - indicate device(s) -
Type of Combustion Device
1. Utility Boiler ☐
2. Industrial Boiler ☐
3. Industrial Furnace ☐
2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
F 0 0 4 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

ANDREW A MILLER, TREASURER

Date Signed

7/7/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



WORKING TOGETHER TO MEET The CHALLENGE

JUNE 23, 1992

USEPA
Permits Branch
Room 505
26 FEDERAL PLAZA
NEW YORK, N.Y. 10278

TO WHOM IT MAY CONCERN:

ATTACHED PLEASE FIND TWO (2) APPLICATIONS FOR EPA
I.D. NUMBERS. THE APPLICATIONS REPRESENT TWO ADJACENT
FACILITIES OWNED AND RENTED BY DRAKE'S.

I thank you IN ADVANCE for your timely attention to
my request. IF THERE ARE ANY QUESTIONS, PLEASE DO NOT
HESITATE TO CONTACT ME AT THE NUMBER BELOW.

Sincerely

MATTHEW ALBANESE
ENVIRONMENTAL ENGINEER (X3502)

DRAKE BAKERIES
100 DEMAREST DRIVE
WAYNE NJ 07470
201-696-5010

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NJSD982725913

II. Name of Installation (Include company and specific site name)

DRAKE BAKERIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

100 DEMAREST DRIVE

Street (continued)

City or Town

WAYNE

State

ZIP Code

NJ

07470-

County Code

County Name

PASSAIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

100 DEMAREST DRIVE

City or Town

WAYNE

State

ZIP Code

NJ

07470-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

ALBANESE

(first)

MATTHEW

Job Title

ENV. ENG. NEER

Phone Number (area code and number)

201-696-5010

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location: ☒ Mailing

B. Street or P.O. Box

100 DEMAREST DRIVE

City or Town

WAYNE

State

ZIP Code

NJ

07470-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

DRAKE BAKERIES

Street, P.O. Box, or Route Number

100 DEMAREST DRIVE

City or Town

WAYNE

State

ZIP Code

NJ

07470-

Phone Number (area code and number)

201-696-5010

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

7/1/92 Matthew Albanese says Howard-Albanese line moved out. @

[illegible]

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

☐ **Generator (See Instructions)** ☐ **3. Treater, Storer, Disposer (at Installation)**
Model: A month-to-month fee

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

☐ 3. **Treater, Storer, Disposer (at installation)**
Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

2. Transporter (Indicate Mode in boxes 1-5 below) ☐ b. Other Markets

- ☐ a. For own waste only
☒ b. For commercial purposes
 Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____

- b. Other Marketers
- c. Burner - Indicate device(s) -
Type of Combustion Device

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | 1. Utility Boiler |
| <input type="checkbox"/> | 2. Industrial Boiler |
| <input type="checkbox"/> | 3. Industrial Furnace |

☐ 5. Underground Injection Control

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. EP Toxic (D000) (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

(D001) (D002) (D003) (D000) (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

- B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1			
7			

2			
8			

3			
9			

4			
10			

5			
11			

6			
12			

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6																														
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x	7	2	1																																
x	7	2	6																																

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date
-----------	---	------

Name and Official Title (type or print)	Date Signed
---	-------------

Date Signed: _____

XI. Comments

- Spent CRANK CASE OIL RECYCLING, AS WELL AS SPENT ANTIFREEZE.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Du Pont Imaging Systems
Customer Services Division
380 Allwood Road, P.O. Box 3039
Clifton, New Jersey 07012
(201) 473-4004

July 18, 1991

USEPA - Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278

COPY DEP

RE: Howson-Algraphy, Inc.
EPA ID# **NJD982725913**

Gentlemen:

This letter is to notify you that Howson-Algraphy, Inc. has ceased operations at 100 Demarest Drive, Wayne, NJ 07470. Therefore it is requested that EPA ID# NJD982725913 for that address be canceled.

We have two manifests currently in process, NJA1153349 and NJA1153350. The material on these manifests was shipped 6/28/91 and consisted of obsolete products and lab samples. Because of this, reoccurrence of the waste stream is not expected. Please address all additional reports or inquiries about EPA ID# NJD982725913 to:

William Springfield
C/O E.I. DuPont
380 Allwood Road
Clifton, NJ 07012

If you have further questions regarding this matter, please do not hesitate to contact me at (201) 916-1262.

Very truly yours,

William Springfield
Special Projects Manager

WS:mgv

cc: NJDEP, Division of Waste Management
Hazardous Waste Advisory Program
32 E. Hanover Street
P.O. Box CN028
Trenton, New Jersey 08625



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
 CN 028
 Trenton, N.J. 08625-0028
 (609) 633-1408
 Fax # (609) 633-1454

92 APR 15 PM 12:37
 PUBLIC ADMINISTRATION
 BRANCH

Laura J. Livingston, Chief
 USEPA, Region II
 26 Federal Plaza
 New York, New York 10278

April 10, 1992

Dear Ms. Livingston:

Enclosed is a copy of a letter from Howsen - Algraphy, Inc
 requesting the following information changes(s):

1. Company Name _____
2. Corporate Name/Ownership _____
3. Company Contact _____
4. EPA ID Number _____
5. Notification Status to: TSD _____
 Transporter _____
 Generator _____
 Non-Handler X _____
 S.Q. Generator _____
6. Generator/Company Closure _____
7. Other DELIST EPA ID NO NJD 982725913 AS PER NJDEPE
INSPECTION REPORT RECOMMENDATIONS (SEE ATTACHED)

Please make the indicated changes to your RCRA mailing address file. Your attention in this matter would be greatly appreciated.

Sincerely,

Ferd Scaccetti

Ferd Scaccetti,
 Bureau of Manifest & Information Systems

CB:dag
 Enclosure



*1, REN 7
 4/16/92*

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

DELISTING INSPECTION REPORT

FACILITY INFORMATION

Name: Hansen - Algrafsky, Inc.
Address: 100 Democrat Drive
Wayne, New Jersey 07470
Lot: _____ Block: _____
County: Passaic 1607
Phone: 201-916-1262
EPA ID No.: NJD 982-725-913
Date of Inspection: 02/24/92

PARTICIPATING PERSONNEL

State or EPA Personnel: Anthony J. Adams

Facility Personnel: William Springfield
"Special Projects Manager"

Report Prepared by: Anthony J. Adams
Bureau: Northern
Telephone No.: 201-299-7592

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND PRESENT OPERATIONS:

Howson-Algraphy, Inc. vacated the 100 Demarest Drive location which is presently occupied by Paper Sources International, Inc.

DESCRIBE THE ACTIVITIES THAT FORMERLY RESULTED IN THE GENERATION OF HAZARDOUS WASTES:

The facility was a distributor of printing press supplies (printing plates, chemicals, and machines). The antiquated chemical which could not be sold and/or used had to be transported off-site.

IDENTIFY HAZARDOUS WASTES STILL REMAINING AT THE SITE:

There is no hazardous waste on site.

HOW HAVE THESE ACTIVITIES CHANGED SO AS TO JUSTIFY DELISTING THE COMPANY:

Yes - The company vacated the premises which is presently leased by Paper Sources International, Inc.- A Zanders Company.

NOTE: COPIES OF COMPANY RECORDS WHICH SUPPORT COMPANY'S REQUEST FOR DELISTING SHOULD BE ATTACHED.

CONCLUSION: SHOULD THE GENERATOR'S REQUEST FOR DELISTING OF THE EPA ID# NJD 982-725-913 BE GRANTED?

YES X

NO

OK - R. C. R. A

RECEIVED

SEP 26 1991

MEMORANDUM

Dept. Environmental Protection
DWR Environmental Southern Bureau

To: John Skoviak, Section Chief
Program Oversight Tracking and Reporting

From: Ferd Scaccetti, ^{FS}Supv. Environmental Specialist
Bureau of Manifest and Information Systems

Subject: Delisting Petition - Inspection Referral

Date: September 18, 1991

Enclosed please find:

1. A photocopy of a letter from

Howson-Algraphy, Inc
100 Demarest Drive
Wayne, NJ 07470

requesting delisting as a generator of their EPA
identification number NJD982725913

2. A manifest report listing all manifests generated
by this company from 1988 to the present in date
order. If no report is attached it means that the
company has had no manifest activity during this
time period.

Please investigate the validity of this delisting request
and make the appropriate recommendations.
If you should have any questions or require any additional
information, please contact me at 3-1394.



Du Pont Imaging Systems
Customer Services Division
380 Allwood Road, P.O. Box 3039
Clifton, New Jersey 07012
(201) 473-4004

July 18, 1991

USEPA - Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278

COPY DEP

RE: Howson-Algraphy, Inc.
EPA ID# NJD982725913

Gentlemen:

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We have two manifests currently in process, NJA1153349 and NJA1153350. The material on these manifests was shipped 6/28/91 and consisted of obsolete products and lab samples. Because of this, recurrence of the waste stream is not expected. Please address all additional reports or inquiries about EPA ID# NJD982725913 to:

William Springfield → *Chris Johnson*
C/O E.I. DuPont
380 Allwood Road
Clifton, NJ 07012

If you have further questions regarding this matter, please do not hesitate to contact me at (201) 916-1262.

Very truly yours,

William Springfield
William Springfield
Special Projects Manager

WS:mgv

cc: NJDEP, Division of Waste Management
Hazardous Waste Advisory Program
32 E. Hanover Street
P.O. Box CN028
Trenton, New Jersey 08625



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJ0982725913

INSTALLATION ADDRESS

HOWSON-ALGRAPHY INC.
100 DEMAREST DRIVE
WAYNE

NJ 07470

100 DEMAREST DRIVE
WAYNE

NJ 07470



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/13/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982725913

FACILITY NAME -> DRAKE BAKERIES INC

MAILING ADDRESS -> 75 DEMAREST DR
WAYNE, NJ 07470

INSTALLATION ADDRESS -> 100 DEMAREST DR
WAYNE, NJ 07470

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: SOCIENSKI, ROBERT
DIR ENVIRON
DRAKE BAKERIES INC
75 DEMAREST DR
WAYNE, NJ 07470

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA****Notification of
Regulated Waste
Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)

98-04-07

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ D 9 8 2 7 2 5 9 1 3

II. Name of Installation (Include company and specific site name)

DRAKE BAKERIES, INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

100 DEMAREST DRIVE

Street (continued)

City or Town

WAYNE

State

ZIP Code

NJ 07470-0000

County Code

County Name

PASSAIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

75 DEMAREST DRIVE

City or Town

WAYNE

State

ZIP Code

NJ 07470-0000

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SOCIENSKI

(first)

ROBERT

Job Title

DIRECTOR

Phone Number (area code and number)

ENVIRO 973-696-5010

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

75 DEMAREST DRIVE

City or Town

WAYNE

State

ZIP Code

NJ 07470-0000

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOSEPH L. MUSCARELLE, INC.

Street, P.O. Box, or Route Number

ESSEX STREET ROUTE 17

City or Town

MAYWOOD

State

ZIP Code

NJ 07601-0000

Phone Number (area code and number)

201-845-8100

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No



(Date Changed)

Month

Day

Year

Expp
Airborne
Change (Contact)
Call

EPA Form 351 (Rev. 12-15-89) ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (If installation) Note: A permit is required for this activity, see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractory <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an ID. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>[Signature]</i>	Name and Official Title (type or print) Robert Socienski, Director, Enviro	Date Signed 4/7/98
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XI. Comments

One time disposal from the closure of one maintenance garage area used to repair our small delivery vans.
 Includes: waste oil, parts, cleaning cleaners, light bulbs, etc.
 Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 12, 2015 - 3:01 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD982725913	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 08/12/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

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DRAKE BAKERIES INC

County Name / Code: PASSAIC / NJ031

NJD982725913

Location: 100 DEMAREST DR; WAYNE, NJ 07470

REGION 02

Mailing: 75 DEMAREST DR; WAYNE, NJ 07470

Activity Location: NJ	State District: NORTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	EI Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: -----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Evaluations With No Violations:

FCI Evaluation 02/24/1992	Activity Location: NJ	By: State	Identifier: 000	Person: R2DEP	Branch: NJ	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 12, 2015 - 3:01 PM

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
FCI	FOCUSED COMPLIANCE INSPECTION

Focus Area	Description
V3	CONVERTED FROM V2 RCRAINFO

* Note: Penalty amount may not reflect all violations cited.